



I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 8, 2008.

Application Number	: 10/815,526	Confirmation No.	3474
Filing Date	: March 31, 2004		
Inventor(s)	: Bacos, Marie Pierre		
Title	: PROCESS FOR FORMING A PROTECTIVE COATING CONTAINING ALUMINIUM AND ZIRCONIUM ON A METAL		
Group Art Unit	: 1792		
Examiner Name	: Michael G. Miller		
Docket No.	: 52186/N75	Date:	October 8, 2008

This application is **not** an application of the kind specified in 37 CFR § 1.114(e).

810.00 QP

**REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Application No. 10/815,526

2. SUBMISSION(S) REQUIRED (check at least one)

a. Previously submitted

- ☐ Consider the amendments/reply under 37 CFR § 1.116 previously filed on
☐ Consider the arguments in the Appeal or Reply Brief previously filed on
☐ Other:

b. Enclosed

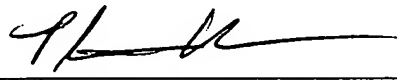
- ☒ Amendment/Reply
☐ Affidavit(s)/Declaration(s)
☐ Information Disclosure Statement
☐ Documents under 37 CFR § 1.48
☐ Petition for Extension of Time
☐ Other:

The Examiner is requested to telephone the undersigned promptly following receipt and initial review of the application in light of the Submissions(s) for the conduct of, or the scheduling of, a telephone interview in the application.

Please direct all correspondence to **CUSTOMER NUMBER 23363**. Direct telephone calls to 626/795-9900, **CHRISTIE, PARKER & HALE, LLP, P.O. Box 7068, Pasadena, CA 91109-7068**.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 

Peter C. Hsueh
Reg. No. 45,574
626/795-9900

PCH/sls

RCE/If



**REQUEST FOR CONTINUED EXAMINATION (RCE)
FEE CALCULATION SHEET**

Application No. 10/815,526

PART I — BASIC FEE			
BASIC FEE	Small Entity \$405.00	Large Entity \$810.00	\$810

PART II — ADDITIONAL CLAIMS (compared to application before RCE)						
	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims	23	*25	0	x \$26.00	x \$52.00	0
Independent Claims	2	**3	0	x \$110.00	x \$220.00	0
First Presentation of Multiple Dependent Claim				\$195.00	\$390.00	0
TOTAL CLAIMS FEE						\$0
List Independent Claims: 1 and 24						
* IF THE "HIGHEST NUMBER OF TOTAL CLAIMS PREVIOUSLY PAID FOR" IS LESS THAN 20, WRITE "20" IN THIS SPACE. ** IF THE HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN THIS SPACE.						

1. FEES *(The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.)*
 - a. Amount (total from Fee Calculation Sheet)
A check for \$810 is enclosed.
 - b. X The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required for this transaction to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A duplicate copy hereof is enclosed.**

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Application No. 10/815,526

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